

COLLEGE OF STATEN ISLAND / CUNY  
HOURLY EMPLOYEE TIME SHEET



To: Payroll Office, Room 3A 203

NAME: \_\_\_\_\_  
(Print or Type)

DEPARTMENT \_\_\_\_\_

CAMPUS \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_  
(College Assistant, Tutor, Student Aide, or Nurse-Part Time)

PHONE EXT. \_\_\_\_\_

For 2-week period, Sunday \_\_\_\_\_ through Saturday \_\_\_\_\_

Day	Mo.	Date	Time In	Meal Time*		Time Out	Hours Worked**	Sick Leave	Annual Leave	Employee Signature
				Out	In					
Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										

Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										

TOTAL

I attest this employee has worked the hours listed.

No employees are permitted to work more than 5 consecutive hours  
without taking a minimum of 1/2 hour unpaid break  
To nearest quarter hour

Approved by: \_\_\_\_\_  
Supervisor's Signature/Date

Rev 4/08

\_\_\_\_\_  
Supervisor's Name (Please Type or Print)

FOR PAYROLL USE ONLY							
Hours For	Hours Worked	S/L	A/L	Total Hours	Rate	Total	Remarks
Regular							
Shift							
Other							